DOCUMENT RESUME

ED 453 149 SO 032 824

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TITLE When a Celebrity Contracts a Disease: The Example of Earvin "Magic" Johnson's Announcement That He Was HIV Positive.

PUB DATE 2001-04-00

NOTE 24p.; Paper presented at the Annual Meeting of the Central States Communication Association (69th, Cincinnati, OH, April 5-8, 2001).

PUB TYPE Information Analyses (070) -- Speeches/Meeting Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Audience Response; Communication Research; *Health Behavior; Health Education; Literature Reviews; Meta Analysis

IDENTIFIERS Celebrities; *Health Communication; *Johnson (Magic); Message Perception; Risk Taking

ABSTRACT

This meta analysis summarizes the available data concerning the impact that the 1991 announcement of Earvin "Magic" Johnson, a National Basketball Association all-star, had on the issues concerning HIV infection and testing. The analysis notes that the effect of Johnson's disclosure may not be uniform for all possible outcomes. Some outcomes of education and prevention efforts focus on increasing the level of accurate knowledge of the general population. Other outcomes deal with diminishing the spread of the disease by suggesting means of reducing exposure. Results demonstrate that the announcement increased the level of accurate knowledge in persons; the number of persons undergoing testing for HIV; and the desire to obtain more information. For adults the impact of the announcement was to increase the perception of vulnerability, while for children/adolescents the announcement diminished the perception of risk. Contains 30 references. (Author/BT)

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When a Celebrity Contracts a Disease:

The Example of Earvin "Magic" Johnson's Announcement that he was HIV Positive

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Paper submitted to
Health Communication Interest Group
Central States Communication Association Convention
Cincinnati, OH

April, 2001

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Suggested Running Head: Magic Johnson HIV Announcement

SO 032 824

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ABSTRACT

This meta-analysis summarizes the available data concerning the impact that the announcement of Earvin "Magic" Johnson, an National Basketball Association all-star, had on the issues concerning HIV infection and testing. The result demonstrate that the announcement increased the level of accurate knowledge in persons, the number of persons becoming tested for HIV, and the desire to obtain more information. For adults the impact of the announcement was to increase the perception of vulnerability while for children/adolescents the announcement diminished the perception of risk.

When a Celebrity Contracts a Disease:

The Example of Earvin "Magic" Johnson's Announcement that he was HIV Positive

The announcement that Earvin "Magic Johnson had tested positive for HIV created a small sensation across the United States. As a successful professional basketball player with star status and an almost legendary prowess on the court creates a sense of superhuman status that many may admire. As a heterosexual African American, Magic Johnson provided a new image of the HIV-infected person to the American Public in 1991. The reaction by the general population should be an increased awareness of the disease and perhaps an increased desire to take measures to avoid contracting the disease by acquiring and using knowledge about prevention.

The perception of a disease is many times more important than the actual scientific and medical information available. Individuals tend to underestimate their vulnerability to contract a disease even when they knowingly engage in health risk behaviors. When a disease like HIV becomes associated with populations rated as low in social desirability (homosexuals, intravenous drug users, homeless, prostitutes) the ability to ignore one's potential risk may be further inflated given perceived dissimilarity to these populations. The effect of a popular celebrity contracting a disease on the public may be a heightened awareness of the disease and the desire to avoid risking contracting the communicable disease. This assumes that the celebrity contracting the disease is one that the population has a positive identification with and views as similar enough to accept as a role model in this particular arena. An individual could view a celebrity as dissimilar in many ways and view the celebrity's behavior leading to the disease as something that the individual would not engage in. For example, he result of the celebrity announcement of lung cancer (of a person smoking four packs of cigarettes a day) may not be

viewed as someone sharing enough common characteristics with the message receiver to view the information as relevant. The celebrity announcement may however reduce the association of stigma or embarrassment about a disease often associated with homosexuality and drug use (Bennett, 1990). A popular person contracting the disease may be viewed as lessening of the stigma and embarrassment associated with the disease.

The critical feature is the degree to which the celebrity continues to serve as a role model for emulation or becomes a source of ridicule or a target of abuse. The possibility that someone like "Magic" could be labeled as someone that is now paying for a lifestyle of indiscriminant and unsafe sexual encounters. The consideration of the "star" status of a professional basketball player with the ability to attract groupies and expect sexual favors may be viewed as a behavior that misuses the celebrity. The noncelebrity may see the contraction of the HIV virus as simply the cost of using the status to generate a large number of sexual encounters.

The effect of Mr. Johnson's disclosure may not be uniform for all possible outcomes. Some outcomes of education and prevention efforts focus on increasing the level of accurate knowledge of the general population. Other outcomes deal with diminishing the spread of the disease by suggesting means of reducing exposure. The publicity surrounding the announcement, by it's very nature , set the media agenda on HIV infection and AIDS for a period of time which minimally should heighten public awareness and possibly knowledge of this disease. Engaging in risk reduction behaviors or seeking out an HIV test involve more complex set of factors which may be influenced by Johnson's disclosure.

One expectation for knowledge is that once knowledge is gained, it is not lost. If as a result of any event, a person obtains more information about the illness, the knowledge (if accurate at the time of learning) would be something that the person would be likely to

remember. This may not be the case with behavioral outcomes that must not be undertaken once but must be replicated with each occasion. For example, using a condom during sex could be something that an event may increase, the issue is whether the condom continues to be used in subsequent sexual encounters months or years after the event. The impact of the event on the behavior may only be transitory with a temporary change rather than something that becomes part of a permanent or expected behavioral repertoire.

The research dealing with the impact of the "Magic" Johnson announcement provided a unique opportunity to examine the impact of a celebrity contracting a disease. "Magic" Johnson's status as a professional basketball player and cheerful personality represents someone that is likeable contracting a disease that many would consider fatal. The immediate questions about how he contracted the disease and information about his treatment and health status would immediately be of interest.

Methods

Literature Search Method

This investigation provides a search of the available literature using a variety of existing indexes (AIDSLINE, COMINDEX, ERIC, MedLine, Psychlit, SocInfo) in order to find existing data. Several existing reviews of the literature (Basil & Brown, 1994; Hollander, 1993; Kalichman, 1994) were examined to find additional data points to include in this analysis. Given that event under consideration (the impact of the announcement of the HIV status of one person) the probability of additional forthcoming studies remains small. The retrospective nature of meta-analysis to combine the investigations provides in this case the chance of a relatively exhaustive analysis of the extant literature on this topic.

To be included in this review a study had to possess the following characteristics:

(a) provide a means of analyzing the impact of the "Magic" Johnson announcement by either using awareness of Johnson's HIV status or through a pre-and post-test design;

(b) Use a quantitative analysis that permitted estimation of an effect size;

(c) Analyzed some measure of knowledge about HIV transmission, perception of vulnerability, perception of persons testing positive, the desire to obtain more information about HIV infection, intentions to or a report of diminished risk behaviors or taking an HIV test

Some studies were excluded for a variety of reasons: (a) insufficient statistical information that did not permit the estimation of an effect (Gellert,Weismuller, Higgins, & Maxwell, 1992), (b) examined outcomes other than those of interest in this review (Graham, Weiner, Guiliano, & Williams, 1993).

Coding for Potential Sources of Variability

Several different dependent outcomes were considered in this analysis: (a) how vulnerable a person feels towards contracting HIV, (b) knowledge about HIV as a disease, (c) attitudes towards persons with AIDS, (d) intentions to get tested or diminish risk behaviors, (e) reports of actual diminished risk behaviors, (f) changes reported in the number of persons being tested for HIV, and (g) desire to find out more about HIV/AIDS. It is possible that the impact of the announcement by Magic Johnson would influence the various outcomes in an inconsistent manner.

Several potential features of the sample or the methodology may be related to the particular size of the effect observed. Males, persons younger in age, and African American may find Magic Johnson's medical condition more relevant and react more strongly to the announcement. Therefore, whenever the information was available, separate effects shall be

estimated for samples based on demographic features. Due to a lack of available data, no separate analysis could be conducted on the basis of gender for any of the dependent measures.

The impact of time is important when considering the effect of any single event. The impact of a celebrity announcement may be permanent for some features (like knowledge) but generate less permanent effects for other outcomes (intentions to diminish risk behavior, number of HIV tests, attitudes toward persons with HIV/AIDS). The "learning" of medical information about HIV would probably not be forgotten once learned, however actions that require constant practice (safe sex practices (use of a condom, diminished number of sexual partners, regular HIV testing) may be larger immediately following the event and then diminish over time. The impact of a celebrity announcement or some other event may temporarily increase a response but have little lasting or permanent influence for some outcomes. This means that studies measuring some variables immediately following the announcement (two weeks) may show larger effects than studies measuring an outcome at a later date (one year). Time of the data collection may serve as a potential moderator that could indicate the existence of an effect that covaries with time. Some outcomes may be permanent and others show signs of increase or decrease with time.

Description of Statistical Analysis

This meta-analysis uses the variance centered analysis procedures as outlined by Hunter and Schmidt (1990). The statistical method involves essentially four steps: (a) conversion of estimates to a common metric, (b) correction of effects for various sources of artifact and bias, (c) averaging the available effects, and (d) assessment of variability among the estimates for the associations. This last test requires at least three studies to provide the minimum number of estimates for the test to be valuable.

The conversion to a common metric (in this case the correlation) is accomplished using standard formulas. The polarity (positive or negative) of the correlation was coded in terms of the desirability of the announcement producing a positive impact. For the dependent variables considered, the impact of the announcement should: (a) increase perceptions of vulnerability, (b) increase knowledge, (c) diminish negative perceptions of persons testing positive for HIV, (d) increase intentions to diminish risky behaviors, (e) diminish risk behaviors, (f) increase the number of persons testing for HIV, and (g) generate a desire for persons to get more information about HIV. A positive correlation indicates that either knowledge of the announcement or in the post announcement period the outcomes were in the expected direction.

The assessment of variability is conducted using a chi-square test that compares the observed variability in the observed data to theoretically the amount of variability that would exist due to random sampling error. A significant chi-square indicates that the level of variability is more than would be expected due to random chance. A significant chi-square indicates the probable existence of a moderator variable and the average effect should be interpreted cautiously.

Results

Type of Outcome Measured

Vulnerability to HIV Infection. Thirteen studies examined the impact of the announcement of Magic Johnson on perceptions of vulnerability to HIV infection. The average effect was essentially zero (average r = -.017, k=13, N=3460, var. r = .022) but based on a heterogeneous sample of observed correlations, $\chi^2 = 76.88$, (12, N= 3460), $p < .05$. The significant chi-square provides evidence for the possible existence of a moderator variable and any interpretation of the average effect should be cautious.

One potential moderator variable was examined to explain the heterogeneity among the various estimates. The sample of 13 estimates was split on the basis of age into six studies dealing with children (adolescents and younger) and seven studies that included adult (older than 18) samples. The seven studies using adult samples demonstrated a positive relationship (average r = .130, k=7, N=2002, var. r = .001) that was homogeneous $\chi^2 = 2.81$, (6, N= 2002), p >.05. This finding indicates that for adults, the impact of the announcement demonstrates an increased perception of vulnerability to HIV infection that is consistent among the seven investigations.

The data considering adolescents and children demonstrates a different outcome. The six studies examining the effect of the announcement provide a negative association (average r = -.120, k=6, N=1458, var. r = .013) based on a heterogeneous set of outcomes $\chi^2 = 19.33$, (5, N= 1458), p <.05. The results, while requiring some caution due to the inconsistency, demonstrate a sample of effects inconsistent with the data dealing with adults.

A comparison of the mean effect for adults and children demonstrates that the two effects are statistically different ($z = 7.23$, $p < .05$). This indicates a distinction between the studies examining the effect of the "Magic" Johnson announcement on children and adults. For adults, the impact was to increase the level of vulnerability felt while adolescents/children demonstrate a diminished sense of vulnerability to HIV infection.

Knowledge about HIV/AIDS. Six studies examined the impact of the announcement of Magic Johnson on changes in the accuracy of knowledge about HIV. The average effect was positive (average r = .194, k=6, N=1919, var. r = .014) but based on a heterogeneous sample of observed correlations, $\chi^2 = 26.62$, (5, N= 1919) p<.05. The significant chi-square provides evidence for

the possible existence of a moderator variable and any interpretation of the average effect should be cautious.

A consideration of the impact of age on the outcomes was considered. Three of the six studies incorporated adult samples and the average effect is positive (average r = .144, k=3, N=558, var. r = .010) which was significantly less than ($z = 2.71$, $p < .05$) the association demonstrated by children (average r = .280, k=3, N=1041, var. r = .006). What the findings indicate is that the while adults gained in their knowledge of HIV infection after the announcement, the gain was less than the gain in knowledge for children/adolescents. This finding does indicate that both groups improved their level of knowledge after the announcement.

Attitudes towards Persons with HIV/AIDS. Six studies examined the impact of the announcement of Magic Johnson on changes in the attitude of persons toward people testing positive for HIV or with AIDS. The average effect was positive (average r = .092, k=6, N=2767, var. r = .002). The examination of variability indicates a homogenous sample of observed correlations, $\chi^2 = 4.33$, (5, N= 2767) $p>.05$. Homogeneity indicates the probable lack of a moderator variable existing. The nonsignificant chi-square indicates that the average across the six studies is based on a sample of effects that differ individually on the basis of sampling error.

Intention to Reduce Risk Behaviors. Two studies examined the impact of the announcement of Magic Johnson on changes in the intention of a person to either reduce risk behaviors or get an HIV test. The average effect was positive (average r = .176, k=2, N=484). The existence of only two estimates prevents the use of an examination of the variability for a test of homogeneity. Given the small number of studies this should be interpreted with some caution, however the

direction of the effect is in the expected direction. The announcement generated more stated intention to reduce risk behaviors and get a test for HIV.

Reduction of Risk Behaviors. Four studies examined the impact of the announcement of Magic Johnson on changes in the report of subsequent risk behavior (sharing needles, number of sexual partners, unprotected sexual encounters). The average effect was positive but small (average r = .044, k=4, N=1040, var. r = .005). The examination of variability indicates a homogenous sample of observed correlations, $\chi^2 = 5.21$, (3, N= 1040) $p>.05$. Homogeneity indicates the probable lack of a moderator variable existing. The nonsignificant chi-square indicates that the average across the four studies is based on a sample of effects that differ individually on the basis of sampling error.

Number of Tests for HIV. Two studies examined the impact of the announcement of Magic Johnson on changes in the number of persons taking an HIV test. The average effect was positive and large (average r = .522, k=2, N=2194. The existence of only two estimates prevents the use of an examination of the variability for a test of homogeneity. Given the small number of studies this should be interpreted with some caution, however the direction of the effect is in the expected direction. Both effects demonstrate a large increase in the number of persons going to clinics for an HIV test.

Desire to Obtain More Information about HIV. Two studies examined the impact of the announcement of Magic Johnson on changes in the desire to obtain more information about the HIV virus. The average effect was positive (average r = .171, k=2, N=637. The existence of only two estimates prevents the use of an examination of the variability for a test of homogeneity. Given the small number of studies this should be interpreted with some caution,

however the direction of the effect is in the expected direction. Both effects demonstrated an increase in the desire of persons to learn more about the HIV virus.

Analysis Considering the Impact of Time

The impact of the delay of measurement was assessed for three of the dependent variables: (a) vulnerability, (b) knowledge, and (c) attitudes towards persons testing positive for HIV. The analysis considers whether the length of time after the announcement demonstrates a change in the size of the effect. A positive correlation indicates that the size of the effect is becoming larger while a negative correlation indicates that the size of the effect is diminishing.

The studies dealing with vulnerability have to consider the data generated from adults and adolescents/children separately since the direction of the two estimates are different. The impact of the announcement for children/adolescents was to diminish vulnerability while for adults the impact of the announcement was to increase vulnerability. The adult data demonstrates a negative correlation or slope ($r = -.380$) as does the adolescent/children data ($r = -.434$). What the two data sets indicate is that as the time from the announcement grows, the size of the effect diminishes. This is not surprising since the feeling of vulnerability is something that can change over time as confidence grows or wanes about the probability of becoming infected with the disease.

The data examining the impact of delay on knowledge demonstrates a larger effect as time delay become longer. Adults ($r = .257$) and children/adolescents ($r = .639$) both demonstrate positive effects for knowledge as time passes. This should not be surprising since the celebrity announcement may have created a desire to obtain more and more knowledge about the disease. Knowledge is measured in terms of accuracy and once known should demonstrate an increase over time. In this case the knowledge was concentrated on the level of understanding

about the means of transmission for HIV. Once learned, one would not expect that this information would be forgotten or would change. This may not be the case for knowledge about treatment, which could change over time or other circumstances.

The final dependent variable was attitudes towards person testing positive for HIV. The effect for time is negative (r = -.422) or the original attitude of tolerance gained by the announcement shows signs of decay. The result of the announcement on this attitude is transitory rather than permanent.

Discussion

One major consideration in the timeline of any disease is the impact of some well-known person contracting the condition. Any disease with a negative perception of those contracting the disease is particularly of interest. HIV infection is considered to be the outcome of some social practice that is generally condemned (homosexuality, intravenous drug use, unprotected promiscuous sex). A famous person contracting the disease can increase the level of awareness about the condition as well as potentially convince individuals of the potential risk for themselves. The efficacy of fear appeals, particularly those regarding health messages, has been shown to be related to the perception that the threat applies to the person receiving the message (Witte & Allen, in press).

The results of this investigation demonstrate that for "Magic" Johnson the announcement did not lead to a changed perception of the vulnerability in the general population. However, when considering age, adults demonstrated an increase in the perception of vulnerability (r = .130) while children diminished their perception of vulnerability (r = -.120). Consider that "Magic" Johnson was believed to have become infected as a result of unprotected heterosexual sex. For children, particularly adolescents, the knowledge increase (r = .280) may indicate that

they believe themselves no longer to be at risk. "Magic" Johnson went to some lengths to explain that casual contact did not spread the disease and for adolescents that are not sexually active, this may knowledge may provide greater understanding of the disease and reduce the level of fear. For adults, the increased knowledge about heterosexual transmission of HIV ($r = .144$) may have increased the level of vulnerability ($r = .130$) by providing a negative role model indicating even the powerful and physically fit can be infected.

A major consideration is the nature of the need to adapt to any potential health threat. The messages designed to consider the impact of health threats often consider the combination of: (a) severity of the threat and (b) the probability of the threat applying to the person. In this case the threat of HIV/AIDS is a severe threat but the question is whether the person believes that they are "at risk" for contracting the virus. The applicability of the Johnson announcement is whether the person hearing the announcement believes that Johnson's exposure to the disease impacts on the individual's perception of the probability of personally contracting the disease.

The effect of the announcement generated a set of variable outcomes. For some outcomes (actual change in risk behaviors) the available data essentially demonstrate little effect of the announcement, while for knowledge, the effect demonstrated a significant increase in the level of accuracy of the knowledge. But this impact on the level of knowledge was moderated or different depending on the age of the respondents. Younger persons (adolescents and children) demonstrate larger gains in knowledge as opposed to older persons (adults). The popularity of a professional basketball player with younger persons may have generated interest in explanations for a problem perceived as something relevant only to adults and not to children.

This corresponding knowledge gain matches the same kind of separation dealing with the perceptions of vulnerability to HIV infection that differentiate the two age groups. The

knowledge that HIV is spread through sexual contact rather than any type of casual contact may reduce the vulnerability felt by children. Letting children know that they will not become infected through casual contact, at the office of the doctor or dentist may be reassuring to the child and reduce the perception of vulnerability. However, for the adults, the recognition and reinforcement that unprotected heterosexual acts can result in infection may increase the sense of vulnerability. Particularly among men, while less at risk in terms of a percentage chance of contracting from an HIV positive woman (compared to a woman contracting HIV from a positive male) are still at risk. The example of someone with a great deal of power, wealth, and status becoming infected works to convince others lacking in those characteristics that the degree of risk may be higher than they had previously believed. Unlike the children/adolescents, the adults may be engaging in behavior that is considered risky and the increase in knowledge about infection (this is not something that only gay males get) should result in a feeling of increased vulnerability.

The net effect was most marked by a sharp increase in the number of tests immediately following the announcement of "Magic" Johnson's HIV status. However, the only data on the level of testing that considers the time span demonstrates that the effect of the announcement is not permanent or long term in terms of testing. The announcement spurs some immediate increase in the level of testing but the level drops with time after the announcement. This increase however is beneficial since persons testing positive earlier have a greater chance of more effective treatment and can reduce the risk of other's contracting the disease through precautions.

The impact of the announcement of Earvin "Magic" Johnson illustrates the potential of a single person to have some impact on issues regarding public health. The impact can take a

variety of forms and some are lasting and some transient. There should be a detailed examination of the importance of such announcements on the public's perception of diseases and treatment.

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Table 1

Brief Description of Each Study[1]

Boekeloo,1993—Compares persons at an STD clinic before and for a 14 week period after the announcement. The comparison involved a report of a number of risk behaviors (r = .144, N=172)

Brown, 1995—Surveyed 391 college students in the Western United States 10 days after the announcement. The results examine how knowledge of the announcement is related to vulnerability to HIV infection (r = .184, N= 391) and risk behaviors engaged in (r = .112, N= 391).

Brown, 1996-participants from four adolescent clinics were surveyed four months after the announcement about the level of vulnerability felt to HIV infection (r = .083, N = 96) and the level of risk behavior (r = .197, N = 96).

Bruce, 1994—interviewed college students before and after the announcement asking them about the level of vulnerability (r = .126, N=214), knowledge about HIV/AIDS (r = .144, N=214), attitudes towards persons with AIDS (r = .132, N=214), and the level of risk behaviors (r = .008, N=214).

Cohn, 1992—This was a pre/post announcement survey (20 days after) of persons at a Denver counseling center examining the impact on the number of HIV tests (r = .305, N=1194).

Ehde, 1995—This study employed a pr-e and post-test design using college students 100 days after that examined the perception of vulnerability (r = .123, N=558), knowledge about HIV/AIDS (r = .101, N=558), attitudes towards person with HIV/AIDS (r = .051, N=558), and level of risk behaviors (r = .000, N=558).

Herek, 1997—Employed a national survey sample before and after (6 days) the announcement about attitudes towards persons with HIV/AIDS (r = .080, N=940).

Kalichman, 1992—Survey in Chicago of persons riding the elevated train before and six days after the announcement dealing with vulnerability (r = .154, N=361) and interest in obtaining more information about HIV/AIDS infection (r = .214, N=361).

Langer, 1992—Persons surveyed at a public health clinic both prior and after (time frame for the interviews is not provided) about the vulnerability to HIV infection (r = .085, N=276), the intention to get an HIV test (r = .452, N=93), and the desire to get more information (r = .117, N=276).

Quadango, 1997—Gradeschool children (grades 1,3,5) were asked 300 days after the announcement their perception of vulnerability to HIV (r = -.195, N=566), attitudes towards people with AIDS (r = .073, N=566), and knowledge about HIV/AIDS (r = .334, N=566).

Sigelman, 1993—Adolescents (average age 14) were asked before and 60 days after the announcement their perception of vulnerability to HIV/AIDS (r = .037, N=66), level of knowledge about HIV infection (r = .023, N=66) and attitudes towards people with HIV/AIDS (r = .073, N=66).

Sumser, 1992—College students were interviewed in a pretest and in 21 days after the announcement in a posttest about their perceptions of vulnerability to HIV infection (r = .048, N=106) and the level of knowledge about HIV infection (r = -.071, N=106).

Tesoriero, 1995—This was a test of the number of persons obtaining an HIV test at clinics compared prior to the announcement and after the announcement (r = .781, N=1000).

Whalen, 1994—This study compared 6th graders using a pre- and post-test 45 days after the announcement on the level of vulnerability felt to HIV infection (study I, r = .064, N=244, study II, r = -.167, N=73, Study III, r = .113, N=84).

Zimet, 1993—Surveyed adolescents before and 30 days after the announcement about their perception of vulnerability (r = -.184, N=425), knowledge about HIV/AIDS transmission (r = .248, N-425) and attitudes towards persons testing positive for HIV (r = .174, N=425).

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[1]When multiple measures for any variable were used in the study the effect provided in this table is an average across those measures. When data sets appeared in multiple published works the data is only entered once in the analysis since the unit of analysis is the data set and not the published manuscript but the reference list does list all known uses of the data.